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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

18282 USA

First Named Inventor

L. Robert Deardurff

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method and apparatus for compression molding plastic articles

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 27081 OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Robert</u>		Family Name or Surname <u>Deardurff</u>	
Inventor's Signature 			Date <u>3-18-04</u>
Residence: City Waterville	State OH	Country USA	Citizenship USA
Mailing Address 322 Ridgepoint Circle			
City Waterville	State OH	ZIP 43566	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Richard A.</u>		Family Name or Surname <u>Parquharson</u>	
Inventor's Signature 			Date <u>3-18-04</u>
Residence: City Rossford	State OH	Country USA	Citizenship USA
Mailing Address 521 Indian Ridge Trail			
City Rossford	State OH	ZIP 43460	Country USA
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>2</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental SheetPage 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
George		Knapik	
Inventor's Signature <i>George Knapik</i>		Date <i>3-18-04</i>	
Sylvania Residence: City	OH State	USA Country	USA Citizenship
6106 Peppermill Drive Mailing Address			
Mailing Address			
Sylvania City	OH State	43560 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Thomas E.		Nahill	
Inventor's Signature <i>Th E Nahill</i>		Date <i>3-19-04</i>	
Amhurst Residence: City	NH State	USA Country	USA Citizenship
4 Lynch Farm Road Mailing Address			
Mailing Address			
Amhurst City	NH State	03031 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gregory A.		Ritz	
Inventor's Signature <i>Gregory A Ritz</i>		Date <i>3/18/04</i>	
Berkey Residence: City	OH State	USA Country	USA Citizenship
9805 Wolfinger Road Mailing Address			
Mailing Address			
Berkey City	OH State	43504 Zip	USA Country

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Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael A.		Rymer	
Inventor's Signature <i>Michael A. Rymer</i>		Date <i>3-18-04</i>	
Holland Residence: City	OH State	USA Country	USA Citizenship
8301 Hidden Forest Drive Mailing Address			
Mailing Address			
Holland City	OH State	43528 Zip	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
John B.		Wright	
Inventor's Signature		Date	
Port McNicoll Residence: City	Ontario State	Canada Country	Canada Citizenship
R.R. 1, Site 1, Box 128 Mailing Address			
Mailing Address			
Port McNicoll City	Ontario State	L0K 1R0 Zip	Canada Country
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Mailing Address			
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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Robert</u>		Family Name or Surname <u>Deardurff</u>	
Inventor's Signature			Date
Residence: City Waterville	State OH	Country USA	Citizenship USA
Mailing Address 322 Ridgepoint Circle			
City Waterville	State OH	ZIP 43566	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Richard A.</u>		Family Name or Surname <u>Parquharson</u>	
Inventor's Signature			Date
Residence: City Rossford	State OH	Country USA	Citizenship USA
Mailing Address 521 Indian Ridge Trail			
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Inventor's Signature		Date	
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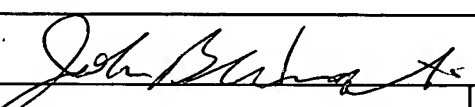
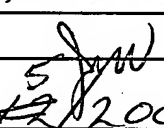
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Michael A.		Rymer	
Inventor's Signature		Date	
Holland Residence: City	OH State	USA Country	USA Citizenship
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Mailing Address			
Holland City	OH State	43528 Zip	USA Country
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Given Name (first and middle (if any))		Family Name or Surname	
John B.		Wright	
Inventor's Signature 		Date  APRIL 12, 2004	
Port McNicoll Residence: City	Ontario State	Canada Country	Canada Citizenship
R.R. 1, Site 1, Box 128 Mailing Address			
Mailing Address			
Port McNicoll City	Ontario State	L0K 1R0 Zip	Canada Country
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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	L. Robert Deardurff
Title	Method and Apparatus for Compr
Art Unit	
Examiner Name	
Attorney Docket Number	18282 USA

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Principal Attorney: H. G. Bruss	24,389
Principal Attorney: Susan L. Smith	53,618
Associate Attorney: Robert C. Collins	27,430
Associate Attorney: Matthew J. Schmidt	43,904

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

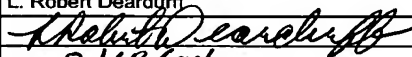
OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

Name	L. Robert Deardurff		
Signature			
Date	3/18/04	Telephone	419-867-5400

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 7 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM****Application Number****Filing Date****First Named Inventor**

L. Robert Deardurff

Title

Method and Apparatus for Compr

Art Unit**Examiner Name****Attorney Docket Number**

18282 USA

I hereby appoint:

☐

Practitioners associated with the Customer Number:

OR

☒

Practitioner(s) named below:

Name	Registration Number
Principal Attorney: H. G. Bruss	24,389
Principal Attorney: Susan L. Smith	53,618
Associate Attorney: Robert C. Collins	27,430
Associate Attorney: Matthew J. Schmidt	43,904

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☐

The address associated with the above-mentioned Customer Number:

OR

☐

The address associated with Customer Number:

OR

☐Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒

Applicant/Inventor.

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Richard A. Farquharson

Signature *Richard A. Farquharson*

Date 3-18-04

Telephone

419-242-9553

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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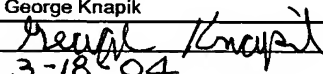
<input type="checkbox"/> Firm or Individual Name				
Address				
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Country				
Telephone	Fax			

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Application Number

Filing Date

First Named Inventor

L. Robert Deardurff

Title

Method and Apparatus for Compr

Art Unit

Examiner Name

Attorney Docket Number

18282 USA

I hereby appoint:



Practitioners associated with the Customer Number:

OR



Practitioner(s) named below:

Name	Registration Number
Principal Attorney: H. G. Bruss	24,389
Principal Attorney: Susan L. Smith	53,618
Associate Attorney: Robert C. Collins	27,430
Associate Attorney: Matthew J. Schmidt	43,904

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Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Thomas E. Nahill		
Signature	<i>Th E Nahill</i>		
Date	3-19-04	Telephone	606-627-5550

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First Named Inventor	L. Robert Deardurff
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Examiner Name	
Attorney Docket Number	18282 USA

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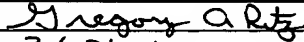
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<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Gregory A. Ritz		
Signature			
Date	3/18/04	Telephone	419-242-9553

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Examiner Name	
Attorney Docket Number	18282 USA

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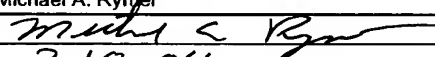
<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
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SIGNATURE of Applicant or Assignee of Record

Name	Michael A. Rymer		
Signature			
Date	3-18-04	Telephone	419-242-9553

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SIGNATURE of Applicant or Assignee of Record

Name John B. Wright

Signature

Date

Telephone 705-534-6368

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